

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

KONTACT 2000 LLC

281284

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER:

2019 - 24 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: ANDREA DRAYTON RHODAN

Telephone: 843-937-9018

Address: 1072 KING STREET SUITE D

Fax: 843-937-9220

CHARLESTON, SC 29403

Other: 843-568-7939

Email: andrea.rhodan@rhodanagency.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☒ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: _____

RECEIVED

JAN 09 2019

PSC SC
CLERK'S OFFICE

S

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 01/07/2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. KONTACT 2000, LLC.

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1072 KING STREET, SUITE D CHARLESTON, SC 29403

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-937-9018 OR 843-568-7939

Phone

843-937-9220

Fax

andrea.rhodan@rhodanagency.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

ANDREA DRAYTON RHODAN

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$500,000	Mortgage/Loan on Real Estate	\$196,910
Value of Motor Vehicles	\$56,000	Loans Owed on Motor Vehicles	\$11,433
Cash on Hand	\$23,000	Business/Other Loans Owed	
Cash in Bank	\$5600	Other Liabilities or Debts	\$214,060
Value of Other Assets and Equipment	\$36,000	Total Liabilities	\$422,403.00 ✓
Total Assets	\$620,600.00 ✓		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

MAXIMUM RATE \$50.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|--|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input checked="" type="checkbox"/> Berkeley | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
2004	DODGE CARAVAN	1D4GP24R94B506017	3,862 to 3,999	

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

KONTACT 2000, LLC

Name of Applicant

1072 KING STREET, SUITE D CHARLESTON, SC 29403

Address of Applicant

Amount of Premium:

Liability Insurance \$ \$8244.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	\$1,000,000
Medical Payments per Person	\$ 1,000	\$1,000

BURNS AND WILCOX

Name of Insurance Company

1300 INDIAN WELLS COURT, MURRELLS INLET SC 29576

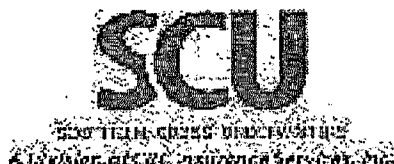
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



PO Box 2576
Sumter, SC 29151

Phone: 803-469-7475
800-833-4684
Fax: 877-535-4331

AUTO - QUOTATION

Quote Name

Kontakt 2000

1072 King Street Suite D

Charleston

SC

29403

Andrea Rhodan

Andrea Rhodan Insurance Agency LLC

1072 King Street

Charleston

SC

29403

(843) 937-9018

(843) 937-9220

Bind requests must be received 1 day prior to expiration/inception to ensure no lapse in coverage or filings.

**** UPON BINDING, PLEASE ADVISE IF THIS ACCOUNT REQUIRES FILINGS AND ADVISE MC AND/OR DOT NUMBER.****

BusinessDescription Residential Appliance Delivery Service

Proposed Expiration Date: 1/7/2016

Subject To:

☐ Applications

☒ Signed Applications

☒ Subject to No Losses

☒ MVR's On All Drivers

☒ Subject to Inspection

☒ UM / UIM Form Signed

Quote Notes

Items needed to bind:

- 1) Written request to bind
- 2) National Casualty automobile application
- 3) Signed National Casualty um/uim form
- 4) Cargo Application
- 5) Driver Employment History

Based on clean mvrs, no losses, no prior coverage, new venture, 300 mile radius, GVW of less than 20,000 lbs.

PREMIUM 0% MINIMUM EARNED

CARRIER: National Casualty Company		BEST RATE A+XV		AGENT COMM: 10%	
PREMIUM:	7,669.00	TOTAL FEES:	35.00	TOTAL TAXES:	0.00
				TOTAL:	7,704.00

The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

**Please review Quote carefully as Terms and conditions May differ from application and/or requests
NEED YOUR ORDER TO BIND AND ISSUE! QUOTE VALID FOR 30 DAYS**

COVERAGE SECTION

Coverage	Deductible	Symbol	Limit	Premium
Liability		67	1,000,000	4228
Medical Payments				
Un-Insured		67	75,000	43
Under-Insured		67	75,000	35
Physical Damage				
Comprehensive	1,000	67	65,000	1212
Collision	1,000	67	65,000	1818

Optional Coverage**Deductible****Symbol****Limit****Premium****Additional Notes**

If applicable, have attached certain manuscript and/or ISO forms to the document. Advise if any other manuscript or ISO form is needed.

FORMS AND ENDORSEMENTS:

- IL0017 Common Policy Conditions
- NOTX0178CW Claims Reporting Information
- UT-SP-2L Schedule of Forms and Endorsements
- UT-234 Schedule of Covered Autos You Own
- CA0230 SC Changes-Cancellation and Nonrenewal
- CA2188 SC Underinsured Motorists
- CT-SD-1 Truckers Supplemental Declarations
- CA2394 Silica or Silica-Related Dust Exclusion for Covered Auto Exposure
- CA9928 Stated Amount
- MC1622q
- MC1632a Form F
- CM00 01 Commercial Inland Marine Conditions
- IM-P-3 Motor Truck Cargo Coverage Form
- IL0021 Nuclear Energy Liability Exclusions Endt (Broad Form)
- OP-D-1 Common Policy Declarations
- UT-COVPG Cover Page
- CA0150 SC Changes
- CA2119 SC Uninsured Motorists
- CA-38-SC SC-Resident Claim Adjuster Information
- CA0020 Motor Carrier Coverage Form
- CA-2 Mileage Limitation - Commercial
- CA141 Hydraulic Fracturing
- MCS90
- CI-SD-2 Motor Truck Cargo Cov Supp Dec
- CM0122 SC Changes - Legal Action Against Us

FAX

Date:	01/10/2019
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Pages including cover sheet:	8
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To:	
Phone	
Fax Phone	(803) 896-5199

From:	Andrea Rhodan
	Andrea Rhodan Insurance & Mort
	1072 King St
	Charleston
	SC 29403-3795
Phone	18435687939
Fax Phone	18439379220

NOTE:	
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KONTACT 2000

From: Andrea Rhodan

Fax: 18439379220

To:

Fax: (803) 896-5199

Page: 2 of 8

01/10/2019 4:28 PM



From: Andrea Rhodan

Fax: 18439379220

To:

Fax: (803) 896-5199

Page: 3 of 8

01/10/2019 4:28 PM



From: Andrea Rhodan

Fax: 18439379220

To:

Fax: (803) 896-5199

Page: 4 of 8

01/10/2019 4:28 PM



From: Andrea Rhodan

Fax: 18439379220

To:

Fax: (803) 896-5199

Page: 5 of 8

01/10/2019 4:28 PM



Exhibit Fit, Willing, and Able (FWA)

KONTACT 2000, LLC

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Managing Member
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 8th day of January, 20 19


Notary Public

Commission Expires Dec. 20, 2027



Print Application

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

KONTACT 2000, L.L.C.

Corporate Information

Entity Type: Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated South Carolina
State:**

Important Dates

Effective Date 11/17/2006**Expiration** N/A**Date:****Term End** N/A**Date:****Dissolved** N/A**Date:**

Registered Agent

Agent: ANDREA RHODAN**Address:** 1072 KING STREET SUITE D
CHARLESTON, South Carolina 29403

Official Documents On File

Filing Type	Filing Date
Change of Agent or Office	11/23/2016
Organization	11/17/2006

For filing questions please contact us at 803-734-2158

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STATE OF SOUTH CAROLINA
SECRETARY OF STATE

IDENTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON THE DATE OF

NOTICE OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF
PROCESS, OR (3) ADDRESS OF AGENT

Limited Liability Company – Domestic and Foreign
Filing Fee - \$10.00

NOV 23 2016
Mark Ham

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to S.C. Code of Laws §33-44-109, the limited liability company submits the following statement of change.

1. The name of the limited liability company is KONTACT 2000, L.L.C

2. The limited liability company is (check either "a" or "b," whichever is applicable)

- ☒ a. A South Carolina limited liability company.
☐ b. A foreign limited liability company authorized to transact business in South Carolina.

3. (a) The South Carolina street address of the current designated office for the limited liability company is
4423 VENTURA DRIVE

Street Address		
NORTH CHARLESTON	CHARLESTON	29405
City	County	Zip Code

(b) The name of the company's current agent for service of process is KEON J RHODAN

(c) The South Carolina street address of the current registered agent's office is
4423 VENTURA DRIVE

Street Address		
NORTH CHARLESTON	CHARLESTON	29405
City	County	Zip Code

4. Check and complete all boxes (a-c) that apply.

- ☒ (a) The company is changing the address of its designated office.

The new South Carolina address of the designated office of the limited liability company is
1072 KING STREET, SUITE D

Street Address		
CHARLESTON	CHARLESTON	29403
City	County	Zip Code

161206-0145 FILED: 11/23/2016
KONTACT 2000, L.L.C.
Filing Fee: \$10.00 ORIG

Mark Hammond

South Carolina Secretary of State



KONTACT 2000, L.L.C

Name of Limited Liability Company

- ☒ (b) The company is changing its agent for service of process.

The name of the company's new agent for service of process is ANDREA RHODAN

I hereby consent to the appointment as registered agent.

[Signature]
Agent's Signature

- ☒ (c) The company is changing the street address of the agent for service of process.

The new South Carolina street address of the registered agent's office is

1072 KING STREET, SUITE D

City	County	Zip Code
CHARLESTON	CHARLESTON	29403

5. Unless otherwise specified, these articles are effective when endorsed for filing by the Secretary of State. Specify the time and date of any delayed effective date _____

[Signature]
Signature (Please see the Filing Checklist below)

KEON J RHODAN

Print or Type Name

Capacity/Position of Person Signing (You must check one box.)

Date 11/03/2016

- ☒ Manager ☐ Member ☐ Organizer
☐ Fiduciary ☐ Attorney-in-Fact

Filing Checklist

- Notice of Change of (1) Designated Office, (2) Agent for Service of Process, or (3) Address of Agent (filed in duplicate)
- \$10.00 made payable to the Secretary of State's Office
- Self-Addressed, Stamped Return Envelope
- Make sure the proper individual has signed the form (Please see S.C. Code of Laws §33-44-205(a))
 Limited Liability Company forms filed with the Secretary of State must be signed in the name of the company by a:
 - (1) manager of a manager-managed company
 - (2) member of a member-managed company
 - (3) person organizing the company, if the company has not been formed or
 - (4) fiduciary, if the company is in the hands of a receiver, trustee or other court-appointed fiduciary
- Return all documents to: South Carolina Secretary of State's Office
 Attn: Corporate Filings
 1205 Pendleton Street, Suite 525
 Columbia, SC 29201

The State of South Carolina



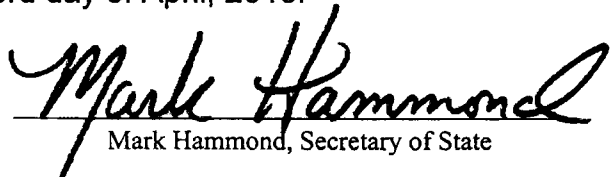
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

KONTACT 2000, L.L.C., A Limited Liability Company duly organized under the laws of the State of South Carolina on November 17th, 2006, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
23rd day of April, 2015.


Mark Hammond, Secretary of State